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## BIB DATA SHEET

CONFIRMATION NO. 5662

<b>SERIAL NUMBER</b> 10/525,046	<b>FILING or 371(c) DATE</b> 02/18/2005 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> BONNP97	
<b>APPLICANTS</b> Gianantonio Pozzato, Vicenza, ITALY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/51021 06/03/2004 <b>** FOREIGN APPLICATIONS *****</b> Italy VI2003A000111 06/06/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/LEE S COHEN/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> IP STRATEGIES 12 1/2 WALL STREET SUITE E ASHEVILLE, NC 28801 UNITED STATES					
<b>TITLE</b> Electronic coagulation scalpel					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		